

## **STATE EMPLOYEES' DEFERRED COMPENSATION PLAN**

BENEFICIARY TRANSFER AND DISTRIBUTION ELECTION FORM

Scan forms to: <a href="mailto:CMS.Ben.DefComp@illinois.gov">CMS.Ben.DefComp@illinois.gov</a> Fax: 217-782-7640 ~ Office: 217-782-7006

Please type or print clearly in ink. Initial any corrections, additions, deletions or changes in pen. For more information, call the Deferred Compensation Office at 800-442-1300, 217-782-7006 or TDD 217-785-3979.

A cortified copy of the death certificate must be sent to the Department before the initial transfer to a beneficiary will be made

|   |  | Mile department before the Ini   |   | ·  |                               |
|---|--|--|---|--|-------------------------------|
| Last Name   | First  | Middle Initial   |   | Social Security #  |                               |
| Street Check box if this is o   | new address  | City   | State   | Zip Code   | е                             |
| Primary Phone   |  | Secondary Phone  | Date of I   | Birth  |                               |
| Original Participant's Name   |  | Social Security #  | Date of I   | Death % You are to Reco  | eive                          |
|   |  | ner plan or IRA out of the state plan<br>beneficiaries may only rollover to c  |   |  | е                             |
|   | lame of Plan/IRA   |  |   |  |                               |
|   | address of Plan/IRA  | Λ  |   |  |                               |
| ☐ Governmental 457 Plan ☐ Traditional IRA   | etirement Plan Co  | ontact Person Name   |   |  |                               |
|   | etirement Plan Co  | ontact Phone #   |   |  |                               |
| under \$5,000, the spouse may we another retirement plan. Do not   Distribution Method  A lump sum distribution  A partial lump sum of \$ Resume distribution  Followed by in  Installments paid: Beneficiaries may reque Type of installment (characteristics)  Payments paid: | ait to take the district to the entire bala autions at a later district to the entire bala is years to start (mn). | ed life expectancy. ears.** pred to comply with Federal Regulation our beneficiary account is less than \$5,0 participant's death. nce. n/yr):   | um payment or mosion.  The for a lump sum payment or mosion.  The for a lump sum payment of the sage 70 1/2 or a sage 70 1/2 | payout)  older)  Annually ount.  | ) 1/2.<br>Jally               |
| SIGNATURE  In compliance with the State and Federal Cc Department of Central Management Service the Director of CMS at (217) 782-2141 or TDD statutory purposes under the Internal Revenu result in rejection of this form or delay in maki   | enstitution, the Illinois Hur<br>is does not discriminate<br>(217) 782-2000. Central<br>e Code Section 457(b).<br>ing a determination of e   | f Illinois, Deferred Compensation Office at P.C.  nan Rights Act, the Americans with Disabilities in employment, contracts or any other activit Management Services requests disclosure of i Disclosure of the information requested on thi ligibility. Social Security numbers are used to p cial Security numbers obtained through this ch | DATE  Act, and Section 504 c y, If you have a comploinformation that is neces is form is mandatory, and properly identify particip  | of the Federal Rehabilitation Act, the aint of discrimination, please call the essary to establish its obligations included failure to provide requested informations and their beneficiaries and reposants and their beneficiaries and reposants. | ding the<br>nation may<br>ort |
| CMS-DC-272 (REV 07-15)  |  | b be completed by Deferred Compensation Street Date of this Distribution Form  | taff  onth/year)  | IL401-1094   |                               |